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07/20/2006 00826 7590

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APPLICATION NO.	FILING DATE	1	FIRST NAMED INVENTOR			RNEY DOCKET NO.	CONFIRMATION NO.	
10/738,393	12/16/2003			_	104035.272666	7996		
ITLE OF INVENTION: I		DISPLAYING AN ART	Gunther Schultz			1010501212000	,,,,,	
TILL OF HAVEAUTION.	OLDENO DOM FORE		CDD					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	IE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	10/20/2006	
EXAMIN		ART UNIT	CLASS-SUBCLASS	¬				
		3728	206-485000					
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Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. Tee Address 'indication (or "Fee Address' Indication form PTO/SB/47) attached.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Alston & Bird LLP						
		ge of Correspondence	or agents OR, altern	atively,		neys		
			(2) the name of a sin	ngle firm (having as a	a memb	era 2		
		d. Use of a Customer	(2) the name of a single firm (having as a member a 2-registered attorney or agent) and the names of up to 2-registered patent attorneys or agents. If no name is 1 listed, no name will be printed.					
Number is required.								
ASSIGNEE NAME ANI						andera between a		
PLEASE NOTE: Unless recordation as set forth it	s an assignce is identif n 37 CFR 3.11. Compl	etion of this form is NO	data will appear on the \(\text{a substitute for filing } \)	patent. II an assigr in assignment.	ice is ic	dentified below, the do	ocument has been filed i	
(A) NAME OF ASSIGN	IEE		(B) RESIDENCE: (CI	TY and STATE OR O	COUNT	RY)		
Beiersdo	orf AG		Hamburg,	Germany				
ease check the appropriate	c assignee category or c	ategories (will not be pr	inted on the patent):	☐ Individual ☐ C	orporati	ion or other private gro	up entity 🔲 Governmo	
. The following fcc(s) are	submitted:	4b	. Payment of Fee(s): (P	lease first reapply a	ny prev	riously paid issue fee s	hown above)	
Issue Fee			A check is enclosed					
			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0605 (enclose an extra copy of this form).					
Advance Order - # o	f Copies		overpayment, to De	by authorized to chai posit Account Numb	er 16	-0605 (enclose an	cxtra copy of this form)	
Change in Entity Status	(from status indicated	ibove)	_					
a. Applicant claims S			b. Applicant is no le					
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Authorized Signature	0/0/	7		Date Oc	tobe	r 16, 2006		
Typed or printed name	Andrew T.	Meunier		Registration N	lo4	0,726		
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